Art therapy: when pictures speak louder than words

CHARLOTTE GRAY

Just the phrase "art therapy" has in the past been enough to make many a doctor wince. For years occupational therapists in psychiatric hospitals have included messing about with clay and paints in their programs, to give the mentally disordered an opportunity for self-expression and to fill the empty days of institutional life. Why do we need a whole new self-styled therapy, bolstered by trained experts and unfathomable jargon, to fill this slot on the hospital timetable, ask sceptical critics, when ultimately it is going to be proper medical and chemotherapeutic treatment that affects the mental well-being of psychiatric patients?

The answer, according to those involved in art therapy, is that it is far more than just a recreation for the patient and an intellectual diversion for its proponents. It potentially has preventive, diagnostic, therapeutic and rehabilitative benefits that other forms of therapy cannot provide. At worst it can be a useful and revealing focus for group discussions with patients; at best it can provide a patient with the insight into himself without which he could never learn to function normally.

"As a society we are very geared to the spoken word," explains Dr. Bryan Pell, director of psychiatric services at Peterborough Civic Hospital in Ontario. "That's fine for those who are articulate and uninhibited in their use of language. But with patients who are depressed or inarticulate — especially adolescents, for example, who often have difficulty expressing themselves or talking about their emotions — art may be the only way you can communicate." Dr. Pell is so enthusiastic about the value of art therapy that he has had an art therapist on his staff for 10 years and says firmly: "I would hate to be deprived of my therapist; if anything had to be chopped here she would certainly not be the first to go."

The Toronto Art Therapy Institute: filling the gap in nonverbal communication

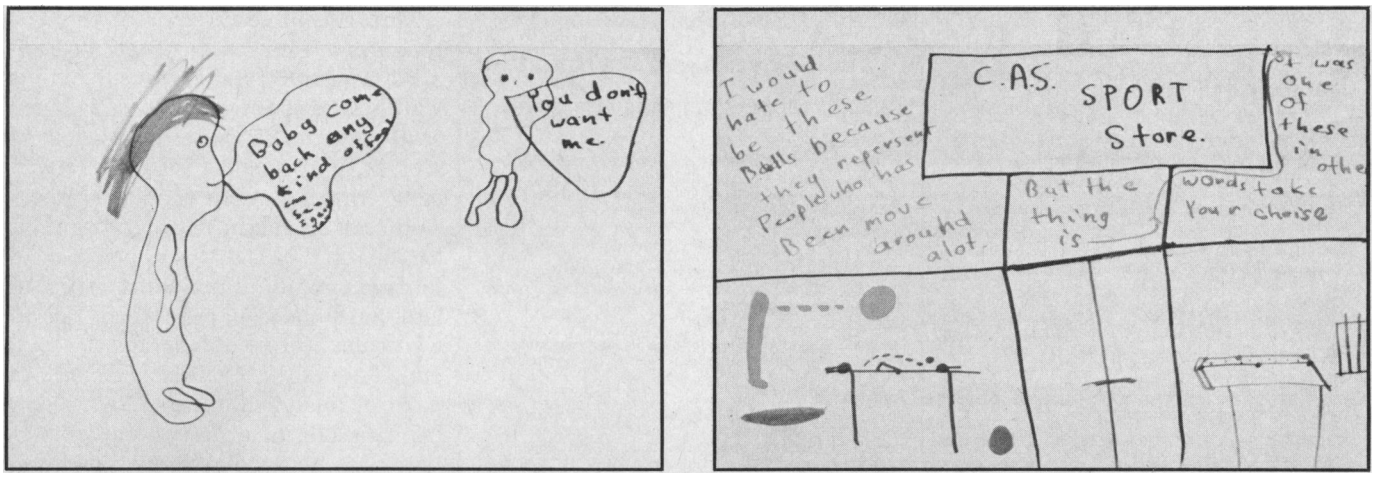
In talking to the various people involved in art therapy throughout Canada (and sadly, they are a rare and, in the face of budgetary cuts, endangered species) I found that it was the way in which art can provide an alternative channel of communication that was constantly emphasized. This occurs in two ways. First, the patient can express feelings and fears, which he hesitates to verbalize, in images, allowing him to present them without comment or inhibition. Second, those images can then provide a bridge between patient and therapist as they discuss what the patient has produced. It is the process, not the product, that is important. Art therapists are not concerned with teaching skills, or training budding Rembrandts — although the artistic exercise can be a useful way to demonstrate principles of perspective and form — on which a mentally sick person has lost any grasp. They are concerned to build up a relationship with an individual in which he can express, and then discuss, some of his inner turmoil.

Dr. Martin Fischer, who is found-

er and executive director of the Toronto Art Therapy Institute, is both a psychiatrist and a psychoanalyst who has been using art therapy since 1949 and is depressed by what he sees as "the considerable disinterest" in art therapy. "The medical profession sees art therapy, or as we prefer to call it, spontaneous art, as an interesting and illuminating way of looking at human behaviour, not as a regular form of therapy." As a Jungian analyst, Dr. Fischer employs a lot of analytical terminology in his explanations of art as therapy. "Experiences belonging to the preverbal realm of infancy cannot be adequately expressed in words . . . Art therapy can fill this important gap in nonverbal communication by making full use of the individual's ability to project his inner unconscious thoughts and feelings and to communicate symbolically. By using and choosing from a variety of art media, the individual gives expression to repressed thoughts and feelings related to conflicts, traumatic experiences, fantasies, dreams, self-image, patterns of relationships to others, his defensive operations, his impulse controls and his reaction to and view of the past, present and future."

The same point was put more simply to me by Joel Barg, director of creative therapy at Montreal's Douglas Hospital. "Every person has something that's worrying them. Often with the patients I see it's fear of what others are thinking of them. I don't try to ferret it out; I wait for them to reveal it in nonverbal expression, which allows the patients to non-confront what their paintings have made them realize for themselves."

Many of the people who come to the artrooms run by Barg and other therapists are so disordered or inhibited that at first they are confused about what is expected of them and uncertain how to begin. They wonder how painting pictures is going to help them and recall their failure to draw in the art classes of their schooldays. Some are so ill that the spontaneous action of putting brush, pencil or felt pen to paper is beyond them; they cannot follow instructions or allow themselves to reveal emotions that trouble them. The therapist has to create in the room an atmosphere that is warm, encouraging, nonjudgemental and facilitating to



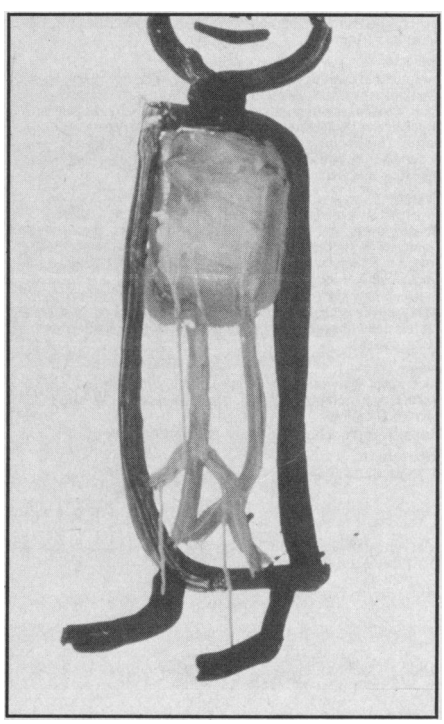
(Left) The patient wishes the following scene would occur. His mother, on the left, says, "Baby, come back, any fool can see I need you." The patient (on the right, wearing a CAS label) says, "You don't want me. Who would want a child from the CAS?" (Right) CAS sports store: "I would hate to be these balls, because they represent people who has been moved around a lot, but the thing is I was one of these, in other words take your pick." The patient represents himself as a ball that could be kicked, banged, thrown, shoved, hit on the head. (Illustrations courtesy of the Toronto Art Therapy Institute.)

free expression. Sometimes the therapist is just dealing with an individual; more usually the therapy is conducted in groups of 8 to 10 so that the therapist must also keep a close, but nondirective eye on the group dynamics. "You have to be careful not to be seen as an authority figure, like the old art teacher in school," Barg emphasizes.

A common procedure is to start the group on some simple exercise. Barg might give each group member a piece of paper with a dot on it, and tell him or her to incorporate the dot into a design or picture. This will give him an immediate insight into the patient's capabilities while allowing the patient to "warm up". Then each person is encouraged to choose a medium (oils, paint, pens, charcoal) and create a picture. Marie Revai, who worked as art therapist in the Allan Memorial Institute (the psychiatric unit of Montreal's Royal Victoria Hospital) for 19 years, says that "once the first rigidity was combatted, they always knew what they wanted to do."

The actual act of creation is of enormous importance to the patient, in the same way as any achievement in any occupational therapy activity can be. As one therapist pointed out to me: "Lots of people in a hospital — all the doctors, nurses, students — have talked endlessly to the patients. Art allows them to explore themselves in other ways, and produce something all by themselves." There's no doubt that participants enjoy the art sessions; Barg sees both inpatients and outpatients at the Douglas, some of whom make enormous efforts to keep up attendance even when they are nominally discharged by the hospital. The unstructured activity can give emotional release, as well as an opportunity to accomplish something.

And belonging to a group is also valuable. Participants can help each other with their work or assist in organizing materials, and they get a feeling of belonging. "When art therapy is done in a group setting, it fosters good communication and congenial relationships between group members," Dr. Fischer comments. "It often leads to verbalization of strong emotions as well as to the sharing of experiences that, apart from the art therapy situation, would rarely take place."



"My heart is on fire, everyone calls me a liar." This refers to the patient's misery and anger at being misunderstood.

But what sets art therapy apart from other types of group or occupational therapy is the discussion that follows the actual art activity. The art therapists to whom I spoke came from widely varying backgrounds: some were primarily practising artists; others, like Dr. Fischer, adopted an analytic approach; others, like Joel Barg, were more gestalt in inclination. They all agree that drawings, paintings or sculptures are revealing mirrors of the creator, although they differed in the ways and words in which they interpreted what was reflected on those mirrors. But they were unanimous about the need for the therapist to be nondirective in talking to the patient about what his picture might mean.

"The meaning that a picture has for its creator is infinitely more important than any intellectual interpretation a professional might put on it," as Barg put it.

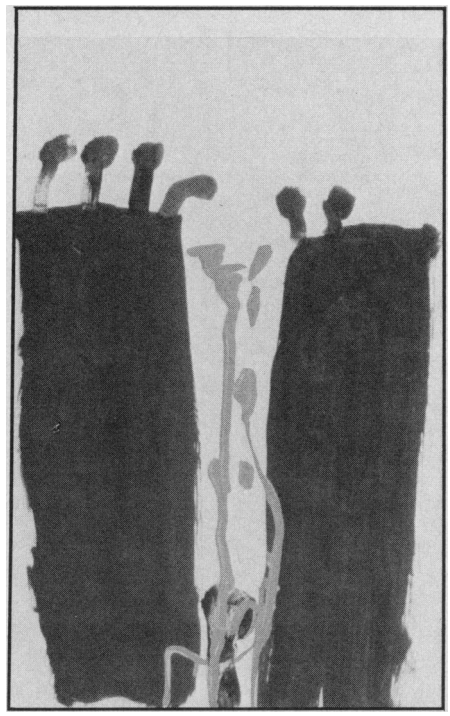
"The art therapist has to refrain, however tempted he might be, from offering his interpretation of the work, since this would contaminate the personal meaning each artwork

has for its creator," Dr. Fischer insists.

The therapist prompts discussion by commenting on features of a work like its colour, organization or subject matter. He might ask its creator, "What name would you give this?" or "How do you feel about this colour?" Dr. Pell, at Peterborough, says that it is amazing how often a patient will interpret significant features of a work with great perception. And the works themselves are very revealing. I saw one series of drawings done by a patient who had been contemplating suicide, in which the motif of a guillotine and severed head kept appearing. But as the patient slowly came out of depression, other, less horrifying features started to appear. The severed head was carefully drawn in a basket, which as the therapist explained, showed that the patient was recovering some self-respect as he didn't let the head just roll into a gutter. I also saw a painting of a sad lion, sitting in a cage with a great lock on its door. But the bars of the cage were golden and obviously fluid, indicating that the caged and weeping lion could escape from his prison. The therapist told me that the patient had made the obvious identification for himself.

Every aspect of the work produced is revealing — the choice of media, use of line, colour, form, space, size, relationship between objects, title — just as it is with any art work produced by anybody. Some of the interpretations made are intuitively obvious, others more subjective and therefore equivocal.

Dr. F.H. Lowy, director of Toronto's Clarke Institute of Psychiatry, who believes that "in the hands of a trained therapist, art therapy can be very valuable indeed", warns that "it can be misused as a diagnostic tool; one has to be very careful about interpretation."

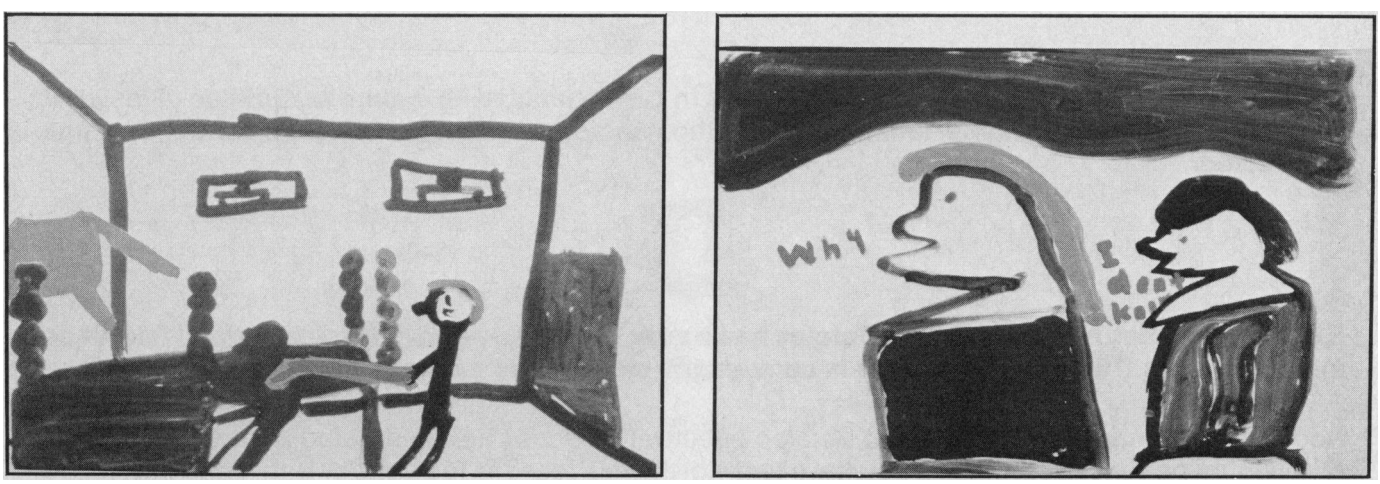


The patient is at the bottom of two cliffs being spit on by the people on the top who represent everyone who abuses him.

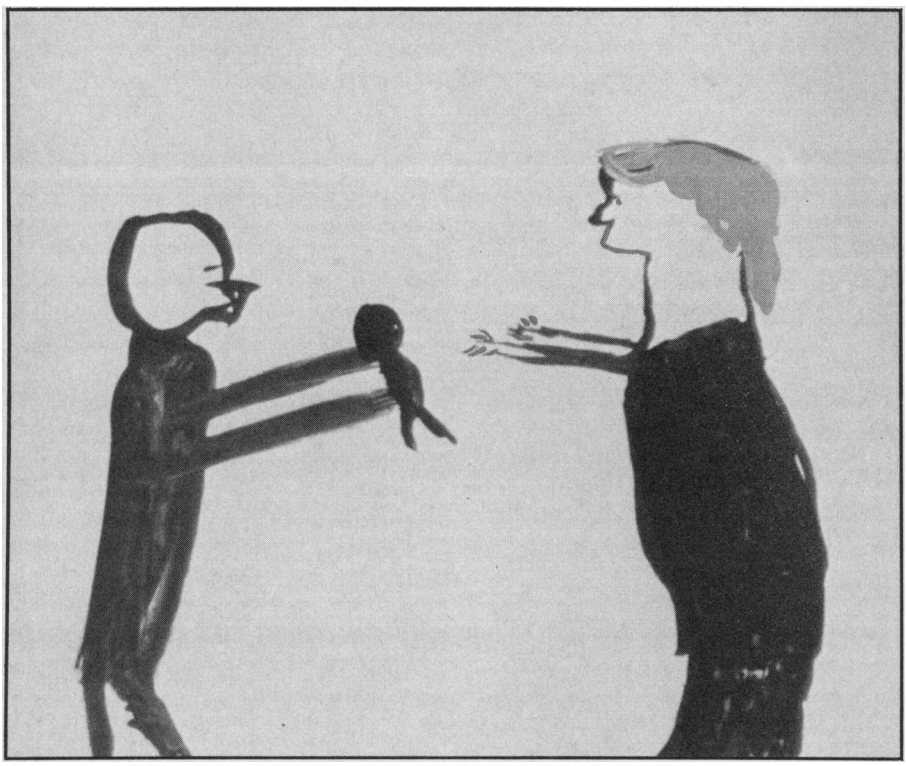
Joel Barg is very clear about how he conducts any discussions. "I don't want to dig too much; I'm interested in the here and now and where we go from here. I would never publicly uncover a lodestone of grief; the patient could probably not relate to it and it could be very destructive. The point is to enlighten the patient, to make him realize that he can see something he hasn't seen before. I'm a catalyst for change. I try to find something in each individual's work that will make him feel better about himself. But this isn't just a tonic or a lump of sugar; the most important thing is to make the individual realize that life outside the hospital is possible for him." Or as Marie Revai said, more simply: "I try to help patients find themselves and their relation with the outside world." The therapists talk to the patients about what they've actually put on paper, rather than expressing psychologic or psychoanalytic theory that would immediately sabotage any attempt to make sympathetic contact.

Over the long term a therapist can build up an understanding of the patient through the works he has produced and through the developments within the works. Dr. Fischer expresses this thus:

"The emerging patterns in a series of paintings of any one person are related to the individual's reactions to his life experiences, past and present. Diagnostically, a profile of the individual's psychologic characteristics both normal and abnormal emerges gradually. One sees a great consistency in the individual's use of colour as well as style . . . Changes of colour as well as changes of themes can clearly indicate regressive or progressive developments in the course of the individual's treatment. Most important, the individual himself discovers the meaning of colours, designs and symbols, thus actively and productively contributing to his own growth, autonomy and objectivity."



(Left) The patient illustrates a scene of abuse. (Right) The patient is on the right asking his mother who is turned away from him why she gave him up. She answers, "I don't know."



The patient's mother (right) is shown handing the patient over to the CAS worker

The process of producing an artwork is not necessarily a painless one for the patients. Once they've got over the fear of making a fool of themselves because they've never learnt to draw trees as anything other than idiosyncratic ice-cream cones, they have to face the fact that the images on the paper in front of them are so revealing. "Patients may be overwhelmed by the intensity of the emotions which emerge, and distressed by the pictures they themselves are producing," Dr. Pell explains. Feelings of sexual ambivalence, hatred, violent intentions, terror — which the patient has never admitted to himself, let alone the white-coated figures around him — are suddenly graphically visible for all around to see. This can precipitate a crisis for an individual.

It is for this reason that art therapy is viewed warily in some quarters. It's not enough for an art therapist to be trained as an artist and also be able to build a good relationship with highly disturbed people: he or she must also either be part of a team where there's medical back-up in the case of distress, or have the training to know how to deal with the mentally ill. Art therapy is more than recreation, but it cannot take the place of more orthodox treatments. It can have remarkable success with people whom other treatments have failed, but it needs to be part of a total treatment program. Giving patients insight into their own problems is a two-edged sword; the patients also need the support to accept the insight.

Most of the therapists I talked to were working in a hospital setting, where as Marie Revai described, "If something happens I can call a nurse." If the art therapist, who is unlikely to have a medical background, fails to pick up the danger signs of an approaching psychotic episode, the surrounding services can deal with it. At the moment the few art therapists there are in this country have little chance of getting a job elsewhere than a hospital, and even then they have to be slipped into the budget as "OT assistants." Few hospitals do employ them, largely because the value of their work is not widely recognized, and if it's just "art" that patients want — well, an OT can provide that and other skills as well. Mrs. Elizabeth Gibson is director of motivational therapy at Brandon Mental Health Centre in Manitoba. "I personally think that there is room for specialists like art or music therapists, though we have never been able to afford to employ one here. But I've worked in the prairies for 20 years and found a very utilitarian attitude prevails here. Although I do find that art is a very useful method of nonverbal communication with patients, they are resistant to it because it has such 'useless' connotations."

Reservations about the circumstances in which art therapy might be practised were also expressed by Sheila Irving, consultant in OT to the Ontario Ministry of Health. "My concern is who is using it; to whom do they report, and what supervision is there? Art therapy can be very useful in the right setting and with the right back-up, but I don't like the idea of a proliferation of people calling themselves therapists, establishing themselves in private practice without medical supervision or malpractice insurance. And I think that there has been reluctance to accept the idea of specialist therapies like this in Canada because of the US experience, where patients are split up into departments — music here, art there — with all the fragmentation and administrative problems that entails."

Joel Barg keeps in close contact with the psychiatrists at the Douglas; "Anything that is coming through, I tell the medical staff." He sees sustained involvement with the treatment team, and interdisciplinary contacts, as an important part of his work. Both he and Marie Revai were encouraged by the directors of their respective institutes, but admitted they met some prejudices from other members of staff. Ann McCarthy, occupational therapist in chief at the Clarke, suggested, "We're not really ready for it yet; we're very medically oriented." She gave some evidence of why medical staff can be suspicious when she described how the Clarke had had rather a bad experience with a couple of art therapists it had employed. "They were very unprofessional. They kept asking patients out to dinner and questioning them about their medication. They made weird interpretations of any drawings produced, and didn't appear to know how to handle sick people." But McCarthy hastened to add that they had also had a very good experience with two other artists who had worked well at the Clarke for a time as (untrained) therapists.

Some of the theory behind art therapy does sound so "airy-fairy"

as McCarthy said, that its supporters have a hard road ahead of them if they are to combat Canadian resistance. But Dr. Fischer, whose Toronto institute is the only establishment currently offering art therapy training in Canada, wants to see art therapy used in far more settings than just long-term psychiatric hospitals and in wider application than just its therapeutic and rehabilitative uses. "Primary prevention, achieved through early recognition of signals of stress in children's artwork, could make an important contribution to the mental and emotional health of

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Many travel personnel lax about warning against risk of malaria

ELAINE ROLFE

A Canadian travelling to a foreign country in which a new health risk has developed has little better than a 50-50 chance of getting accurate information on what preventive measures to take, according to a survey taken last month by *CMAJ*.

Starting point for the survey was the dramatic increase in malaria risk reported this year by the World Health Organization (see Table I). "During the past 10 years the malaria situation has progressively deteriorated in several countries," states the *WHO Chronicle* (32: 226, 1978). "The resurgence of the disease has particularly affected countries in southern Asia, some countries in Latin America and Turkey, sometimes reaching epidemic proportions." In a press release, WHO announced that "providing advice to international travellers is a joint responsibility of the countries of origin and destination of the traveller." It also said that it is asking tourist agencies, airlines and businesses engaged in international travel to assume a large share of responsibility for warning clients of the risk.

In an alarming number of cases, this message is not coming through. *CMAJ* telephoned 21 Ottawa travel agencies asking for information concerning a proposed trip to Turkey in October. (According to WHO, Turkey recently reported an epidemic of malaria; the season of risk is July-October. This reverses the earlier trend shown in Table I for the eastern Mediterranean.) Each of the agencies was asked for advice on medical precautions such a trip would require, and the questions were structured in such a way as they would be put by a member of the public. There was no prompting. Only 12 of the agencies warned against the malaria risk; nine named other risks (including mountain bandits and smuggling more than one deck of playing cards into the country). Most of the agencies aware of the malaria risk were able to name districts and times of the year where the risk was greatest. Eight suggested smallpox vaccinations.

Two agencies suggested contacting the department of health; four suggested telephoning the Turkish Embassy or tourist board.

The Turkish Embassy informed the potential tourist that someone travelling with a Canadian passport needed neither inoculations nor vaccinations. When asked if there were any epidemics afoot, the embassy said no.

CMAJ then called the federal government's general information number asking for advice on health preparations for the same trip. Referred to the quarantine services, Department of National Health and Welfare, *CMAJ* was told that nothing was required by law. The office recommended inoculations for typhoid, polio and tetanus and suggested calling the local health unit for more information. A second person called the quarantine services office again and learned of the malaria risk *after* the caller specifically asked about malaria.

Several federal departments or agencies that send personnel abroad maintain effective surveillance of overseas health risks. Their information is available to the public if a casual caller can identify the right section, but there appears to be no service of such information on offer to the public. Even if there were, it would not likely be a practical proposition for an out-of-town caller because of the hopeless inefficiency of the government's inhouse telephone system.

The municipal health unit advised having antityphoid shots if camping and advised the caller to keep up-to-date with polio vaccinations.

The Canadian health and welfare department is aware of the malaria risk, however, and has published a warning in its June 10, 1978 edition of *Canada Diseases Weekly Report,* a publication with a distribution of about 4000 — mostly to public health oriented people and some hospital pathologists. Reprints from the re-

Table I—Number of autochthonous malaria cases (in thousands) reported 1972-1976 by region (excluding Africa)

Region	1972	1973	1974	1975	1976
The Americas	284	280	269	356	379
Southeast Asia	1920	2694	4210	5992	6539
Europe	21	13	8	12	39
Eastern Mediterranean	855	883	524	447	350
Western Pacific	171	203	170	197	210
Total	3251	4073	5181	7004	7517
Ratio of change (1972 = 100)	100	125	159	215	231

Notes: 1. Reported figures from most African countries south of the Sahara are considered unrealistically low and have not been included
2. Asian total excludes China, Democratic Kampuchea (formerly Cambodia) and Viet Nam
3. All figures are based on cases confirmed by a laboratory and reported by the malaria service and therefore represent a considerable underreporting

Source: WHO unpublished document A31/19, presented by director general to 31st World Health Assembly 24 May 1978

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our society. Areas of stress and conflict find ready expression in direct and fresh projections in spontaneous art by children. In telling stories that are stimulated by his artistic projections, the child can give immense help to the adults trying to understand his predicaments."

Dr. Fischer's institute has set up "spontaneous art programs" in several schools in the Toronto area, in which disturbed children are given the opportunity to express, in a safe environment and medium, feelings that might otherwise lead to withdrawal or aggression. Dr. Fischer considers that the "considerable disinterest" in art therapy which he so deplores is not just narrow-minded; it is also short-sighted. "Twenty percent of the children in our school system are emotionally disturbed. I believe that 80% of these could be helped within the school, through a variety of therapies, without the expensive institutional care that is so often the only solution nowadays."

So far there have been 11 graduates from the Toronto institute, who have been awarded the institute's private diploma and are now facing the awesome task of persuading school heads that art therapy is valuable enough to warrant loosening the purse strings for.

After talking to the various individuals active in the art therapy field, I came away impressed by the efforts of individuals and convinced that for those people who are failed by words, producing pictures can be therapeutic in itself, a valuable projective technique and a conduit to the external world. But I was not convinced that it held a monopoly on any of these benefits, as some of its more vehement defenders appear to claim. In the ideal world of limitless budgets, an art therapist in every psychiatric and educational institution would be a wonderful asset. But as Dr. Lowy from the Clarke said, "We have to allocate our resources according to needs, and we have other modes of recreation, expression and diagnosis." Currently, the only way an art therapist, whether trained or not, is likely to be employed is if the head of an institution has a personal conviction that the therapy is of value. This means small pickings for the graduates of Dr. Fischer's and the various US training institutes and aspiring therapists who have no training — but it also means that the therapist is warmly welcomed into the kind of setting where his or her work can probably be most useful. ■

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chastizing the Professional Corporation of Physicians of Quebec over a recommendation to establish an intensive care unit in a regional hospital after a site visit by experts. In a letter to the president of the corporation published in the corporation's *Bulletin,* August 1976, the then minister of social affairs challenged directly the value of ICUs for survival of patients. He also challenged the right of the corporation to make recommendations for the improvement of regional services.

The distrust by government officials of members of the health professions extends to new buildings. Such construction is under the complete control of government officials, from the contracts with architects, engineering firms and builders to supply of materials. Contracts are drawn up by civil servants. Tenders have to be obtained by the hospital and health centre from three sources and submitted to the ministry for approval. Payment for services already rendered has to be resubmitted for approval. This control extends even to the design of laboratories and choice of materials for working benches and tables, even size and colour of drapes. Amid such frustrations, I remember the bawling out I gave to a so-called expert who came with an earring in his left ear and wanted to force us to use 16 mm formica sheets for our laboratory benches. His only previous experience was that of a small laboratory in a high school. This distrust and total lack of confidence is most oppressive, if not profoundly insulting.

References

A full list of references will be published at the end of Part II of Dr. Genest's article, which will appear in *CMAJ* Sept. 23.

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tionist to Dr. Bruce Stewart, a Toronto neurologist, observed: "We don't have as many patients as general practices do; nevertheless some of the principles are the same.

"I left with the thought that I had to have a more friendly attitude toward the patients. No matter what has happened or what time of the day it is, I don't have to act totally detached and professional."

For Dr. Jerry Green, Willowdale nutritional specialist, it was the second time he'd attended the course, the first being when it was given in the single-day session last year. He felt that the same information was covered in the expanded session. Dr. Green thinks the principles covered in all the sessions are relevant since most doctors typically are abysmal businessmen! But he says they're tough to get through to because they are tremendously resistant to new ideas — whether proposed by management analysts or nutritionists.

The key point for a physician to remember, says Landry, is that he's the boss, he is running his own practice and he should be at the helm. Physicians tend to react too much to the environment. The system must react to them. Then they can be in complete control. ■